

Medical Homes Meeting 9.14.2011

In Person: Paula Block, CHC-MT Primary Care Association; Jonathan Griffin, St. Peter's Medical Group; John Hoffland, DPHHS, Passport to Health; Jay Larson, Independent Provider; Fred Olson, BCBS MT; Rick Yearry, Mountain Pacific Quality Health Foundation, REC; Bob Marsalli, CHC-MT Primary Care Association; Sue O'Connell, Legislative Services; Amy Grassy, St. Peter's Medical Group; Tom Roberts, Western Montana Clinic; Christine Kaufmann, CSI; Amanda Roccabruna Eby, CSI

On the Phone: Paul Cook, Rocky Mountain Health Network; Janice Gomersall, MT Academy of Family Physicians Community Physicians Group; Kristin Juliar, MT Office of Rural Health Director; Carol Kelley, Bozeman Deaconess Internal Medicine Associates, MT Medical Group Management Association; Todd Lovshin, Allegiance Life and Health Company-Allegiance Benefit Plan Management; Bill Pfingsten, Bozeman Deaconess Health Group; Jean Branscum, Montana Medical Association; Bernadette Roy, CHC-Partnership Health Center; Bob Shepard, New West Health Insurance; Rob Stenger, Grant Creek Family Practice, St. Patrick's Hospital; Claudia Stephens, MT Migrant and Seasonal Farm Worker Council; Cindy Stergar, Butte Silver Bow Primary Health Care Clinic and Community Health Centers; Lisa Wilson, Parents, Let's Unite for Kids-PLUK;

The meeting was called to order at 1:00 PM by Christine Kaufmann of the Office of the Commissioner of Securities and Insurance.

- 1. Seventeen of the 25 council members were present when the meeting was called to order and three additional council members joined shortly.**

- 2. Duties of the Chair**

The council determined the chair would be responsible for the following tasks:

- Determine meeting logistics, approve agendas, facilitate meetings
- Ensure all participants are heard
- Move the council to accomplish the goals
- Oversee council members' assignments
- Call for votes when needed
- Ensure records of council are complete and accurate
- Ensure all rules of open meetings are followed

The council decided that the only other officer that would be needed is a vice chair, to fill in for the chair when they are unable to fulfill their duties; the chairs of the two subcommittees were also tasked to be part of the leadership team.

- 3. Election of the Chair**

Dr. Fred Olson and Dr. Bob Shepard were nominated to chair the council. A member suggested that it may be better to have a provider chair the council or at least be a co-chair. Dr. Griffin volunteered to co-chair indicating he would be a representative of a network of providers who could provide input to the

process and provide balance between the payer and the provider needs. Fred Olson and Bob Shepard both also spoke to their interest and availability to chair

Decision- The council would elect the chair and co-chair by voting via email and voting would occur for 24 hours starting after the meeting.

4. Discussion of the charge and structure of the Council and subcommittees

The group affirmed the charge set forth by the commissioner set forth in her welcome letter and also emphasized the importance of education and getting the word out about the project.

A council member suggested setting up timelines for the objectives of the council, and questioned what timeframe we should consider. Since the Council is set to expire in 2 years without reauthorization, the council agreed to look at a 2 year framework for the council's goals and objectives. The question was raised whether selection of the data repository should be listed under the charges of the council, but decided the charge was more appropriate to big-picture statements.

Decision- The council agreed that the high-level charges set forth by the commissioner were appropriate with the addition of an education component, and that all components can be made more specific as they are approached.

- furnish advice on setting up a working model for a state-wide system of patient-centered medical homes in Montana
- gather information on other projects for patient-centered medical homes and assess which have the most value to Montana efforts;
- Provide for public education about medical homes to various constituencies
- recommend procedures and policies for launching a pilot project in Montana;
- recommend a legal structure, governance model, and funding mechanism for an on-going program to support patient-centered medical homes

Structure of the Full Council

By general consensus, the Council agreed that the 25 participants have equal voice in Council recommendations; that decisions can be made by general consensus or in a formal voting process; that any member may ask for a roll call vote; that interested parties not on the council may contribute to the council, voice concerns, and advocate positions, but do not have a vote; that proxy voting is not allowed, but votes may be held open for electronic participation if Council members present agree; that members may participate fully by electronic means; and that all Council members must disclose in writing potential conflicts of interest. A discussion on participation ensued.

Decision- To remain on the Council, members must achieve 60% attendance and may not miss more than three consecutive meetings.

Structure of the Subcommittees

By general consensus, the Council agreed that a minimum of three members from the advisory council should be on the subcommittees; that people outside the council may be on the subcommittees and vote on recommendations of their subcommittee, but may not vote on the recommendations of the full Advisory Council; and that subcommittees make recommendations only to the Advisory Council.

5. Review of Work Plan adopted by the Working Group

The Council reviewed the Goals of the Montana Medical Home Working Group as updated in March 2011. Members suggested the goals be revised into a more complete work plan based on the goals of the new Advisory Council.

The Working Group goals for June 2011 have been addressed, although the anti-trust issues still need resolution. The tool kit concept has not been developed, but members pointed to many resources on-line that should be available when we need them. The December 2011 goals of Working Groups plan were affirmed as feasible and appropriate. The June 2012 goal to establishing a state-wide ACO was considered not to be feasible. Dr. Olson discussed the nature of ACOs— a provider based organization that is willing to accept accountability for a population's health, facilities, and coordination of patient care. The Council agreed that setting up PCMH pilot projects was the first step in a ACO and we should remain focused on that objective.

Decision- The Council asked CSI staff to initiate a draft of a new work plan that incorporates the work of the subcommittees, an educational component, and provides a more comprehensive guide. The staff should present a draft work-plan to the council for discussion at a coming meeting.

6. Discussion on how to move forward on data system decision

The Council agreed at the next meeting to review a side-by-side comparison of the capacity of various data systems and discuss how to encourage more provider input into the decision. The Quality Metrics subcommittee will be asked for a recommendation, but the Advisory Council as a whole will remain involved in the discussion. When the subcommittee comes up with the data elements we need, we can more effectively evaluate a data repository that will be appropriate for the selected data elements. Dr. Olson reiterated BCBS's interest in knowing concerns and preferences of providers for selection of the data repository. Carol Kelley offered bring the information on the data repository to her clinical focus group in Bozeman to get their opinions.

7. Update/Discussion of Educational Tour on Medical Homes

A report was given on a conference call with Paula Block, Bob Shepard, Bob Olson, Carol Kelley, Christine, and Dan McKean from TransforMED that was held to start planning an educational tour about PCMH and the Council's statewide process. The participants on the call decided that a series of

webinars would be more effective than a physical tour because they would be cheaper and get more participants. TransforMED has agreed to provide services for very little cost.

The Council affirmed the recommendation of those members on the call to host a series of webinars and to attempt to survey practices about their experience with a interest in PCMH and Meaningful Use. Council members asked that a draft of the survey be circulated prior to its distribution to medical practices.

8. Reports from subcommittees

Quality Metrics

Dr. Shepard explained that in their first meeting they went through a list of quality measures that the group had previously agreed to, to determine what data elements are important to capture. There was a lot of discussion on how to capture the data on the provider side. More information can be found in the notes from the last QM subcommittee meeting and in the spreadsheet sent out by Dr. Shepard.

Framework for Payment

The subcommittee will meet for the first time after this meeting. Dr. Carr agreed to help chair this committee as long as he has another member help him.

The meeting was adjourned at 2:30 PM